

ITSC Compliance Plan as of 9/16/2003

Six HIPAA Compliant Transactions that IHS currently does not have an equivalent Electronic Transaction.

270/271 – Eligibility request and response (ITSC doesn't currently use an electronic eligibility check. Today, most billing or registration clerks call insurers or have a direct connect terminal to the insurers eligibility database.)

834 – Eligibility roster (Medicaid provides a list of all native Americans eligible for all services that they are eligible – we thought that a 270/271 would replace this transaction. We currently have no national software for this transaction. ITSC has created an 834 and is testing it with AHCCCS. This transaction will be fully tested by the end of 2003.)

278 – Contract Health Service Referral – referral out of IHS to a provider to provide care IHS does not provide (i.e. brain surgery). This is currently done with a fax of a purchase order there is no process in place to create or for a provider to accept an electronic referral.

276/277 – Claims attachment and response – (IHS does not do this manually or electronic today)

Three HIPAA Compliant Transactions that IHS currently does have an equivalent Electronic Transaction.

835 Remittance Advice – Explanation of benefits from the Insurer/Trading Partner (We have an older version of Electronic Remittance Advice for Medicare and AHCCCS. ITSC will test this transaction with AHCCCS starting 10/21/2003.)

837 Medical Billing - 837 in production with Oklahoma Medicaid throughout Oklahoma. ITSC or local areas have completed testing with 5 other vendors. In test with two Medicare representatives (Trailblazers and UGS) and Eight Medicaid (AHCCCS (AZ Medicaid), ID, OR, CA, WY, MS, WA, MT)

NCPDPv5.1 Pharmacy Billing – NCPDP v5.1 format live with 14 trading partners with 5 of those Medicaid. Testing with 23 more partners by 10/16/2003.

Transaction definitions:

X12: An ANSI-accredited group that defines EDI standards for many American industries, including health care insurance. Most of the electronic transaction standards mandated or proposed under HIPAA are *X12 standards*.

Six HIPAA Compliant Transactions that IHS does not have currently have an equivalent Electronic Transaction.

X12 270: The X12 Health Care Eligibility & Benefit Inquiry transaction. Version 4010 of this transaction has been included in the HIPAA mandates.

X12 271: The X12 Health Care Eligibility & Benefit Response transaction. Version 4010 of this transaction has been included in the HIPAA mandates.

X12 276: The X12 Health Care Claims Status Inquiry transaction. Version 4010 of this transaction has been included in the HIPAA mandates.

X12 277: The X12 Health Care Claim Status Response transaction. Version 4010 of this transaction has been included in the HIPAA mandates. This transaction is also expected to be part of the HIPAA claim attachments *standard*.

X12 278: The X12 Referral Certification and Authorization transaction. Version 4010 of this transaction has been included in the HIPAA mandates. Insurance Subcommittee (N) of *X12*.

X12 834: The X12 Benefit Enrollment & Maintenance transaction. Version 4010 of this transaction has been included in the HIPAA mandates.

X12 835: The X12 Health Care Claim Payment & Remittance Advice transaction. Version 4010 of this transaction has been included in the HIPAA mandates.

X12 837: The X12 Health Care Claim or Encounter transaction. This transaction can be used for institutional, professional, dental, or drug claims. Version 4010 of this transaction has been included in the HIPAA mandates.

NCPDP Telecommunication Standard: An *NCPDP standard* designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Use of Version 5.1 of this *standard* has been mandated under HIPAA.

National Council for Prescription Drug Programs (NCPDP): An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates.